Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506 or 367-8512
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects ARCHITECT REFERENCE FORM

Instruction				ANGIIILGI NLI LI	LINCL I OIN
Applicant:	Complete items #1 through #3 then forward this form to the licensed architect serving as your architectural reference. All references must have known you for at least <u>one year</u> . Any individual providing a reference may not also verify an applicant's architect experience. Complete items #4 through #13. Enclose the form and one copy in a <u>sealed envelope with your signature across the sealed flap</u> . Return it to the applicant (for inclusion in their application package) or mail it directly to the Board at the address above. Your prompt response is appreciated.				
Reference:					
1. App	olicant's Name				
		Last	First	Middle	Generation
		ber or Virginia DMV Control Nur			
*	State law requires every by the Commonwealth t	y applicant for a license, certificate, registra o provide a social security number or a cont	tion or other authorization to engage in trol number issued by the Virginia Depar	a business, trade, profession of rtment of Motor Vehicles.	occupation issued
3. Ma	iling Address (PO	Box accepted)			
			City	State	Zip Code
4. Ref	erence's Name				
		Last	First	Middle	Generation
5. Sta	te Licensed	License Nun	nber	Expiration Date	
6. Ma	iling Address				
			City	State	Zip Code
7. Ho	w many years hav	ve you known the applicant in ar	n architectural capacity?		
8. Hav	ve you and the ap	plicant been employed by the s	ame firm?		
	No \square	If no, please describe your		nt and vour personal	knowledge of
		his/her architectural experier		in and your personal	inomougo or
	Yes \square	If you complete the following	ı tahla		
	Yes If yes, complete the following table. First Association		Subsequent Association		
		Datas	FIISLASSOCIATION	Subsequent Asso	CIALIOII
		Name of Firm or Employer	<u> </u>	<u> </u>	
		Name of Firm or Employer	<u> </u>	<u> </u>	
		City, State, Zip Code Applicant's Position	<u> </u>		
		Applicatil 5 PUSILIUII		П	

Reference's Position

9.	In your judgment, has the applicant's work been of satisfactory quality and has the applicant exhibited good mora character?
10.	In your opinion, has the applicant been exposed to a variety of issues found in the diversified practice of architecture?
	Elaborate on the involvement and experience upon which this opinion is based.
11.	What is the applicant's reputation in his/her chosen profession?
12.	Additional comments
13.	Signature Date